附件

**苏州市卫生健康委员会公开招聘公益性岗位工作人员资格复审表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | | | | 性别 | | | |  | | | | 出生  年月 | | | | | |  | | | | | | | **（照片）** | | |
| 户籍地  （毕业生填生源地） | | | | | | | |  | | | | 政治面貌 | | | |  | | | | | | | | | | | | |
| 现工作单位（毕业生填所在院校） | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 学历 | | |  | | | | | 学位 | | | |  | | | | 专业 | | | | |  | | | | | | | |
| 参加工作时间（应届生填毕业时间） | | | | | | | |  | | | | 职称 | | | |  | | | | | 档案关系所在地 | | | | |  | | | | | |
| 身份  证号 | |  | |  | |  |  | |  |  | |  |  |  |  | |  | | |  | | |  | |  | |  |  | |  |  |
| 通信  地址 | |  | | | | | | | | | | | | | | | | 邮政  编码 | | | | | |  | | | | | | | |
| 联系电话 | | | | |  | | | | | | 手机号码 | | | | | | |  | | | | | | | | | | | | | |
| 应聘单位名称 | 苏州市卫生健康委员会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位名称 |  | | | | | | | | | | | | | | | 应聘岗位代码 | | |  | | | | | | | | | | | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **报名者承诺：以上填报信息完全符合事实，无故意隐瞒、虚假申报或重复报名等行为；所提供的应聘材料和证书（件）均为真实有效；与应聘单位领导人员不存在须回避的关系。如有不实，一切后果由报名者自负。**  **报名者签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **招聘单位初审意见： 签名（盖章） 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**资 格 审 查 记 录**

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| --- | --- | --- | --- | --- | --- | --- |
| **资格审查项目**  **（合格的打√）** | **户籍生源地** | **年龄条件** | **学历学位要求** | **专业要求** | **工作经历要求** | **其他条件** |
|  |  |  |  |  |  |
| **验证人员**  **审核意见** | **工作人员签名： 年 月 日** | | | | | |
| **报名者另需**  **说明的事项** | **报名者签名： 年 月 日** | | | | | |